



Client No. 2036		Client Name OH MATERIALS				Location 1004 OSWEGO ST. UTICA NY				Date 7/10/87	
Facility Equipment	Detox Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other	TWO GATE KEYS - LOG Book - RADIO			
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) Kenneth Kelly		Officer—Swing Shift (Name) GEORGE, JOHN B		Officer—Grave Shift (Name) Dick Kozoski	
Shift		Began 8 AM		Ended 4 AM		Shift		Began 9 AM		Ended 12 PM	
Observations or actions taken		Yes	No	Explanation		Shift		Began 12 PM		Ended 8 PM	
Rounds or stations missed											
Unlocked doors, gates or windows											
Unlocked vaults or safes											
Fire-smoke-or hazards											
1. Extinguishers missing or defective											
2. Sprinkler system defective											
3. Fire doors or exits blocked											
4. Rubbish accumulation											
5. Motors running											
6. Lights left burning											
Injury hazards											
Visitors OHM & EPA people on site.											
Trespassing											
Violation of company rules											
Remarks 0740 J. Kump on site - 0750 Kump off site - 0805 M. Frutkin - Tonnawanda Truck in (0840 Tonnawanda out) (0843 Steward E. Fadin - 0843 Fadin off site) (0925 Cady - Lurigan on site) (0932 Lurigan off site) (1100 J. Kump on site) (1101 J. Kump off site)											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.											
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift	
Yes		No		Yes		No		Yes		No	
2. Did you suffer any illness?		Day Shift		1.		2.		3.		Swing Shift	
Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Day Shift		1.		2.		3.		Swing Shift	
Yes		No		Yes		No		Yes		No	
Signatures		Day Shift		1.		2.		3.		Swing Shift	
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